

ATTACHMENT 3

Instructions for completion of the optional Personal Care Workers Daily Record of Care

(Two or more PCWs for one recipient in a group living situation)

Item 1: Patient Name – Enter the recipient’s name. (A record of care must be filled out for each recipient the PCW cares for in the residence.)

Item 2: Recipient Identifying Number (optional) – Provider may enter the recipient’s Medicaid identification number or an internal identifying number.

Item 3: Date – Enter the date (month/day/year) service was provided.

Item 4: PCW Name – Enter the name of each PCW in a separate column.

Item 5: Start Time – Enter the time personal care begins.

Item 6: End Time – Enter the time personal care ends.

Item 7: ADL Tasks, Housekeeping – Enter the time spent providing Medicaid-funded tasks only. To document the time spent, PCWs may choose any of the following:

- Enter check mark(s) for each task provided.
- Enter the time (in minutes) *actually* spent providing each task.
- Enter the time each task started and ended.

Medicaid reimburses only one PCW to perform a task for a recipient, except for prior authorized two-person transfers. If a supervisor chooses to direct workers to share tasks, only the worker who is primarily responsible may record the task and the total amount of time spent by all workers on that task. If a housekeeping task benefits more than one recipient, the total unduplicated time reported must be divided among the recipients who benefit.

Item 8: Total Medicaid Time – At the end of each day, each PCW should enter the total amount of time spent providing Medicaid-covered services on that date of service. The PCW must record the total time *actually* spent for Medicaid-covered tasks, not time estimated by the agency or on the prior authorization.

Item 9: PCW Initials – Each PCW should initial his or her column on the form.

Item 10: Recipient Signature – Recipient signs and dates the form. If the recipient does not sign the record of care, the agency must document in the medical record why not.

Item 11: Comments – Enter any comments about the recipient’s condition. Always document reason(s) for changes in the time it takes to provide care. Date and initial each notation. Examples include:

- General comments.
- Changes in recipient’s condition.
- Emergency hours.
- Refusal of care.
- Institutional admission and discharge, including time of admission or discharge and time of cares given.

Item 12: PCW Signature(s) – Each PCW signs and dates the form.

Item 13: RN Supervisor Signature – The RN supervisor signs and dates the form.